

Name
in
Full

Percy Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

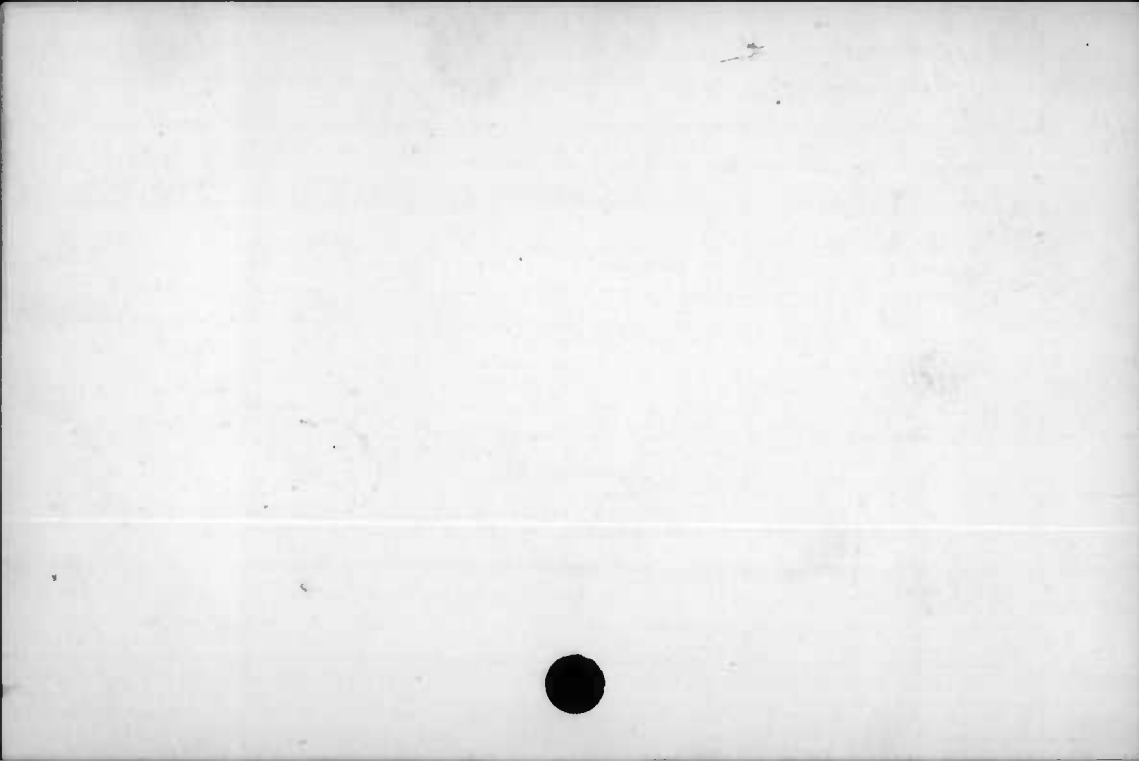
Died at <i>Campbell town,</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>19</i>	Age <i>29</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hillside Md</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Stokely Drl.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Dan W Baker</i>			
Father's Name <i>I do not know</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Ebe Holland</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Septic breast following mast</i>	How long <i>8 weeks</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ebe Holland</i>
<i>Yes</i>	Address <i>Stokely Drl</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Lee Barkley</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died <i>x</i>		Month <i>June</i>		Day <i>28</i>		Years <i>18</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>male</i>		Color or Race <i>Negro</i>		Birth-place <i>Fruitland Md.</i>			
Occupation <i>L</i>		Where Residing if not at place of death <i>L</i>					
Married, Single or Widowed		Name of Wife or Husband <i>L</i>					
Father's Name <i>Winford Barkley</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Lizzie Shockley</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Richard Shockley</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>Unknown</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

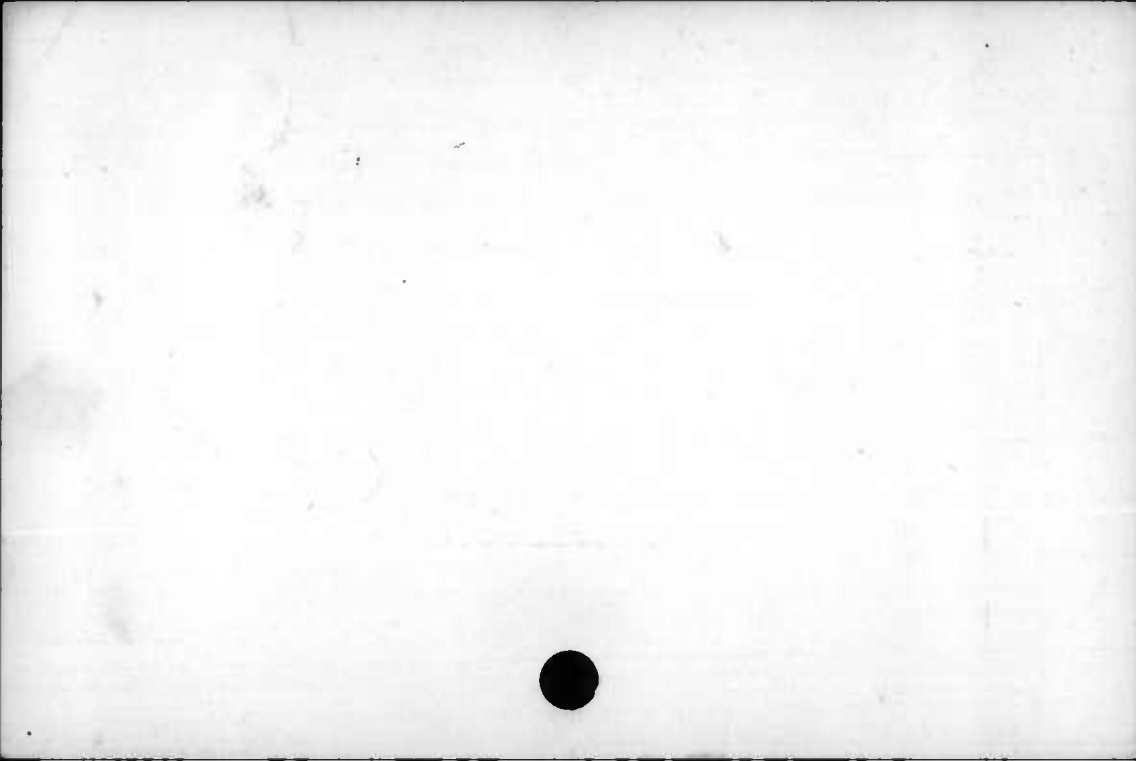
Died at <i>Charlottesville</i>		Town <i>Charlottesville</i>		County <i>Monroe</i>		MARYLAND	
Date of death	1908	Month	6	Day	3	Age	76
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Trenton, NJ</i>
Occupation	<i>House wife</i>			Where Residing if not at place of death			
Married, Single Widowed	Name of Wife Husband			<i>Loel Coffin</i>			
Father's Name	<i>William Reed</i>				Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>Hulda</i>				Mother's Birthplace	<i>MD</i>	
Name of person giving information	<i>Bro H. Burbage</i>				How related to deceased	<i>None</i>	

CAUSES OF DEATH

(65)

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy & softening of Brain</i>	How long	<i>2 years</i>
Immediate	<i>Coma</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. J. Holland</i>
		Address	<i>Trenton, NJ</i>
Accident or Suicide?			



Name
in
Full

Ruth S. Burr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

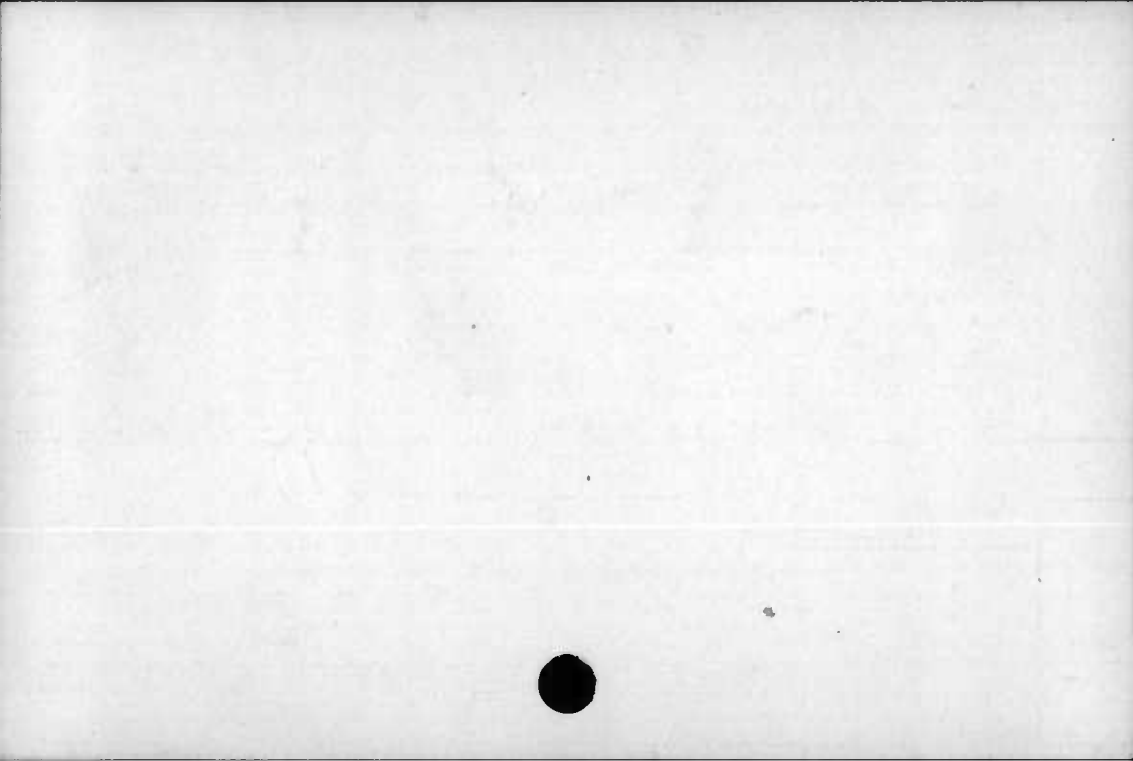
Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death		Month June	Day 24	Age 8	Years —	Months —	Days 24
Sex male		Color or Race white		Birth-place Ind			
Occupation —				Where Residing if not at place of death —			
Married, Single and Widowed		Name of Wife or Husband —					
Father's Name Frank Burr		Father's Birthplace Ind					
Mother's Maiden Name Annie B. West		Mother's Birthplace ..					
Name of person giving information Frank Burr		How related to deceased Father					

CAUSES OF DEATH

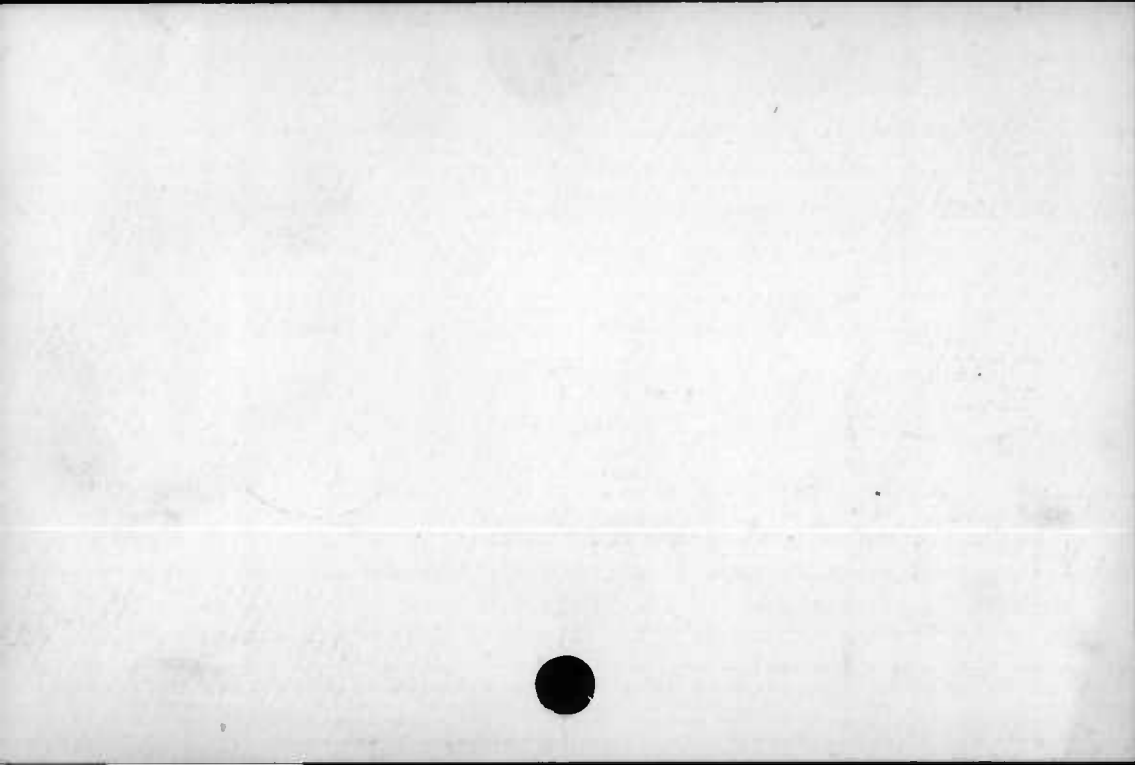
7

PHYSICIAN
OR CORONER

Primary	Scarlet fever, typhoid	How long	3 weeks
Immediate	Brain infection from Otitis	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Paul Jones	
		Address Snow Hill Ind.	
Accident or Suicide?			



Name in Full		Town		County		CERTIFICATE OF DEATH	
Infant		Berthi		Worcester		MARYLAND	
Died at		Date of death		Age		Months Days	
1908		June 17		—		One —	
Sex		Color or Race		Birth-place			
Female		Colored		Berthi			
Occupation		Where Residing if not at place of death					
None		—					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Unknown		Md					
Mother's Maiden Name		Mother's Birthplace					
Lena Fasset		Berthi					
Name of person giving information		How related to deceased					
Lena Fasset		Mother					
		CAUSES OF DEATH		179			
Primary		How long					
None							
Immediate		How long					
None							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Address					
		Berthi Md.					
		O.K. L. A. Massey					
Accident or Suicide?							



Name in Full		Roy Harman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Drowned		Town	Ocean City	County	Wor.
	Date of death		1908	Month	6	Day	8
	Age		18	Years	18	Months	
	Sex	Male		Color or Race	White		Birth- place
	Occupation		Fisherman		Where Residing if not at place of death		
	Name of person giving Information		E. B. Burbage		How related to deceased		
Name of person giving Information		E. B. Burbage		How related to deceased			None
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Drowned				Address		
	Accident or Suicide?				L. A. Massey		



Name
in
Full

CERTIFICATE OF DEATH

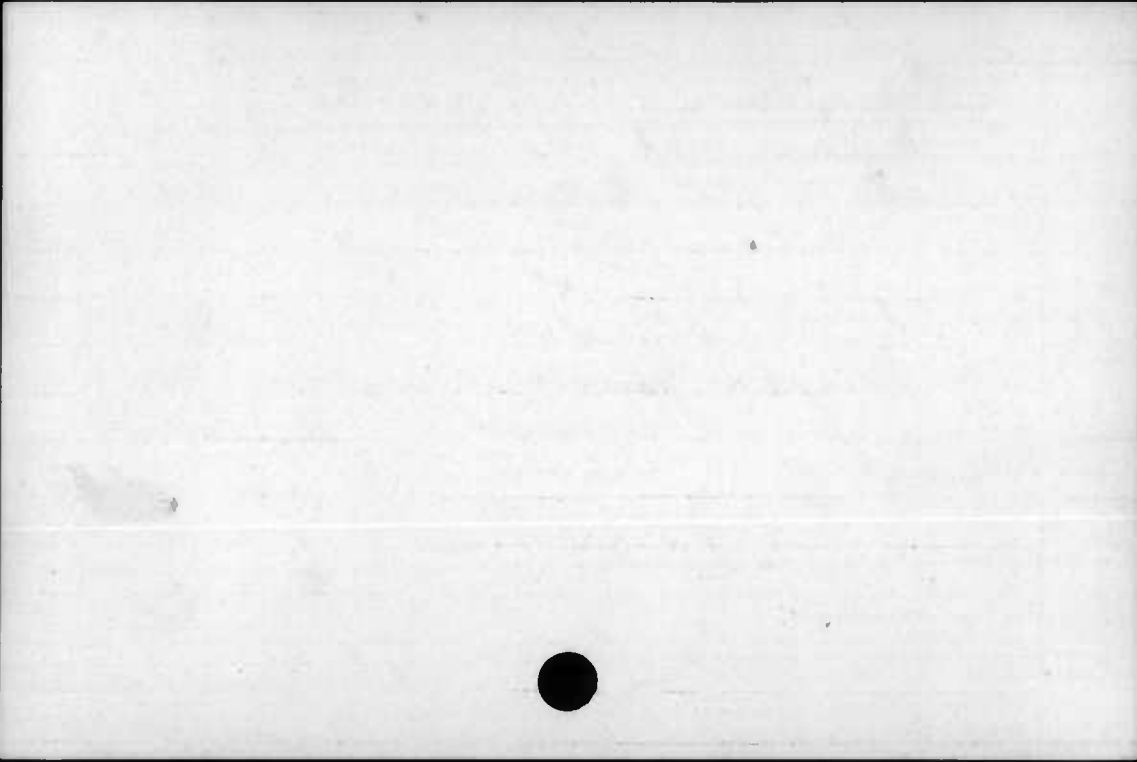
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pocomoke</i>		County <i>Hubbard</i> <i>Worcester</i>		MARYLAND					
Date of death		Month <i>June</i>		Day <i>23</i>		Age Years <i>✓</i>		Months <i>✓</i>		Days <i>✓</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth- place <i>Wd</i>							
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>							
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>							
Father's Name <i>John Hubbard.</i>				Father's Birthplace <i>Wd</i>							
Mother's Maiden Name <i>Margiea Hubbard</i>				Mother's Birthplace <i>Wd</i>							
Name of person giving In formation <i>John Hubbard.</i>				How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>Still Born</i>		<i>(S)</i> How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>		Signature of Physician <i>J. Wilson</i>			
		Address <i>Pocomoke City</i>			
Accident or Suicide? <i>✓</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

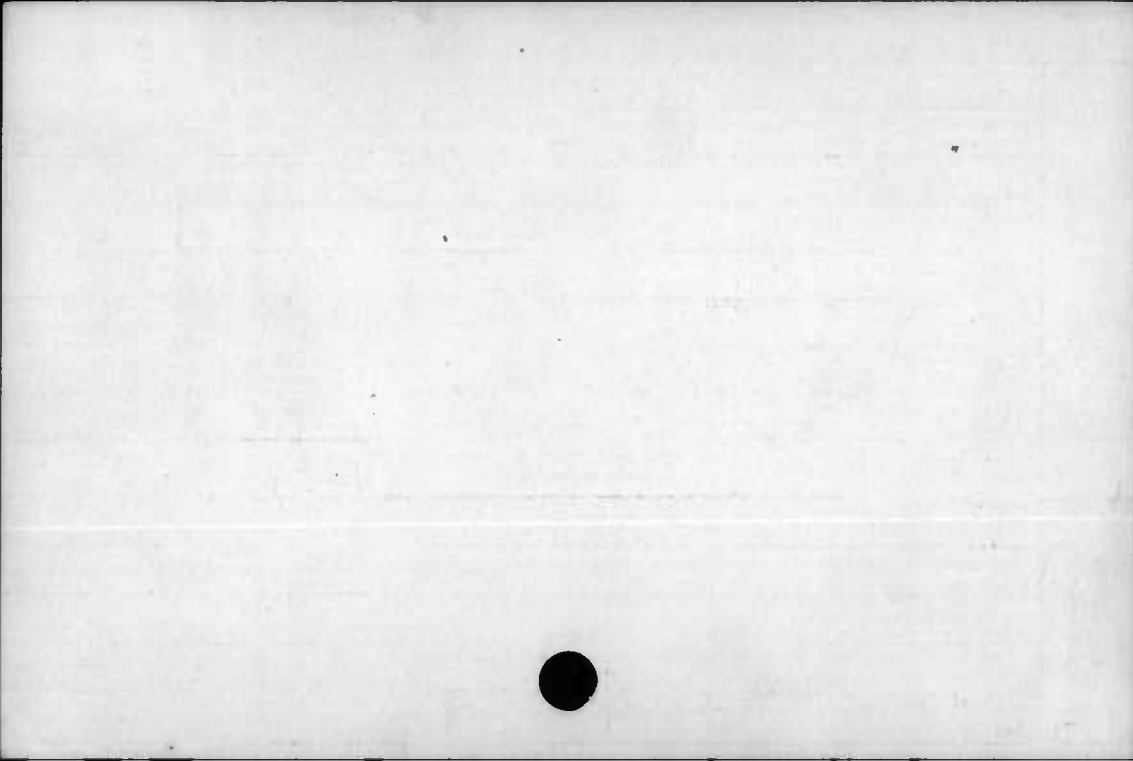
Name in Full <i>Evelyn E. Hughes</i>		Town <i>Brownsville</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Brownsville</i>		Month <i>June</i>		Day <i>12</i>		Age <i>4</i>	
Date of death <i>1908</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Brownsville</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>LI</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm Hughes</i>		Father's Birthplace <i>Dorchester Co</i>					
Mother's Maiden Name <i>Hattie Rice</i>		Mother's Birthplace <i>Accomack Co</i>					
Name of person giving information <i>Wm Hughes</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>all its life</i>
Immediate <i>Macas mus</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. L. Lums</i>
	Address <i>Brownsville</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

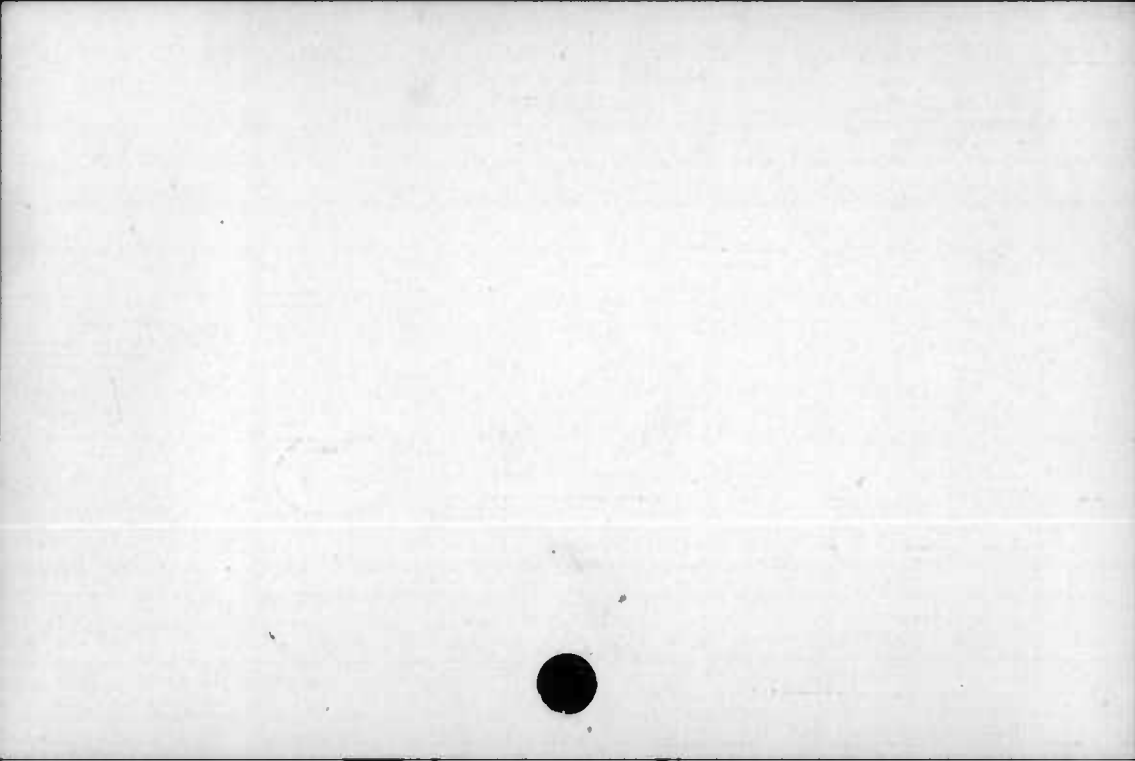
Died at <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>30</i>	Age <i>90</i>	Years <i>2</i>	Months <i>13</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joshua Jones</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Chas Dyden</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long
Immediate <i>Accident - fall from top of stairway to floor</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Dyden</i>
	Address <i>Snow Hill</i>
	<i>Ind</i>
Accident or Suicide?	



Name
in
Full

Mable Smith Col

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Pocomoke City ^{County} WorcesterDate of death 1908 ^{Month} June ^{Day} 2 ^{Age} 1 ^{Years} 6 ^{Months} ^{Days}Sex Female ^{Color or Race} Colored ^{Birth-place} PocomokeOccupation ^{Where Residing If not at place of death}

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

167

Primary

How long

Immediate

How long

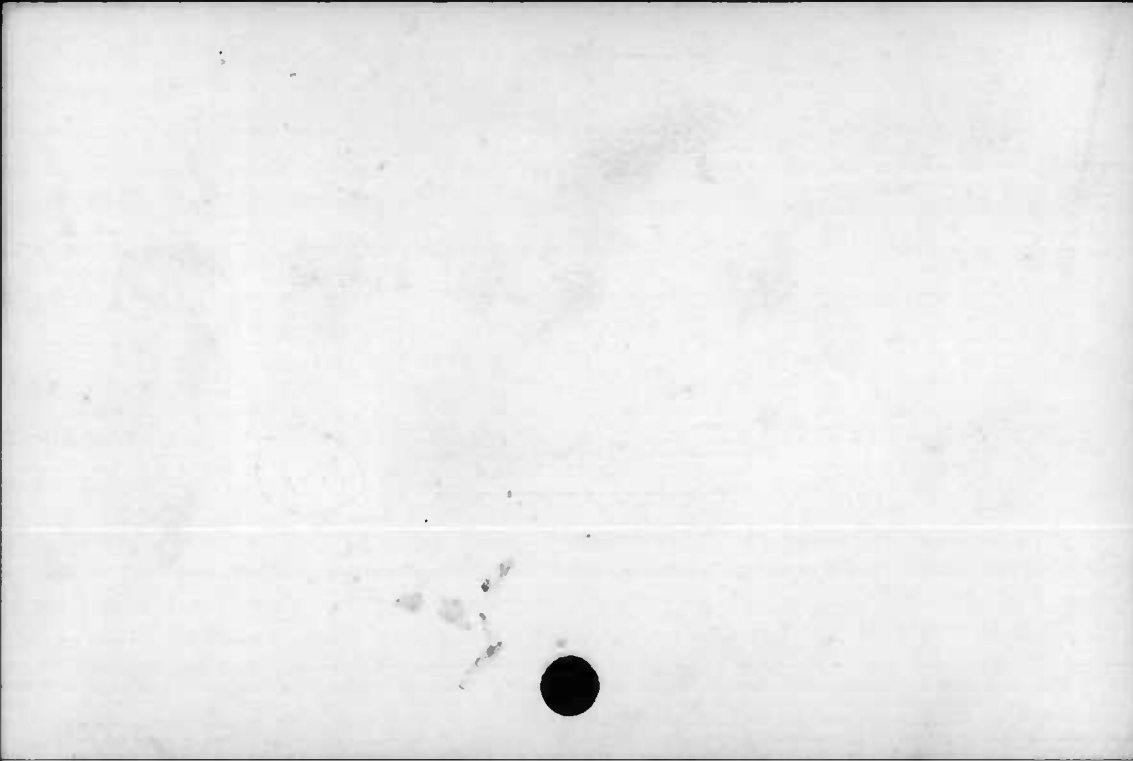
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

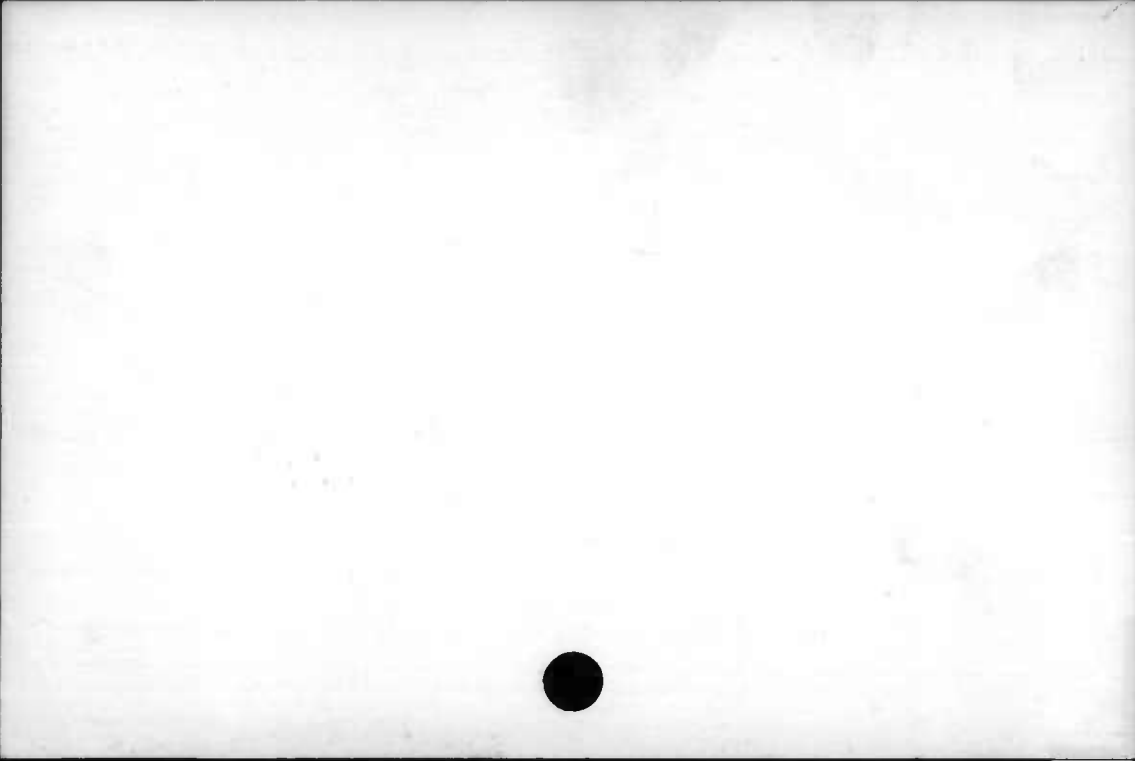
Died at <i>near Berlin</i>		Town <i>near</i>		County <i>Mon</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>	Birthplace <i>near Berlin</i>					
Occupation <i>none</i>		Where Residing if not at place of death <i>near Berlin</i>					
Married, Single or Widowed		Name of Wife or Husband <i>—</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>Laura Spence</i>		Mother's Birthplace <i>Berlin</i>					
Name of person giving Information <i>Laura</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. B. Budge</i>
Accident or Suicide <i>Acc. Mary</i>	Address <i>Wm. Budge</i>



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

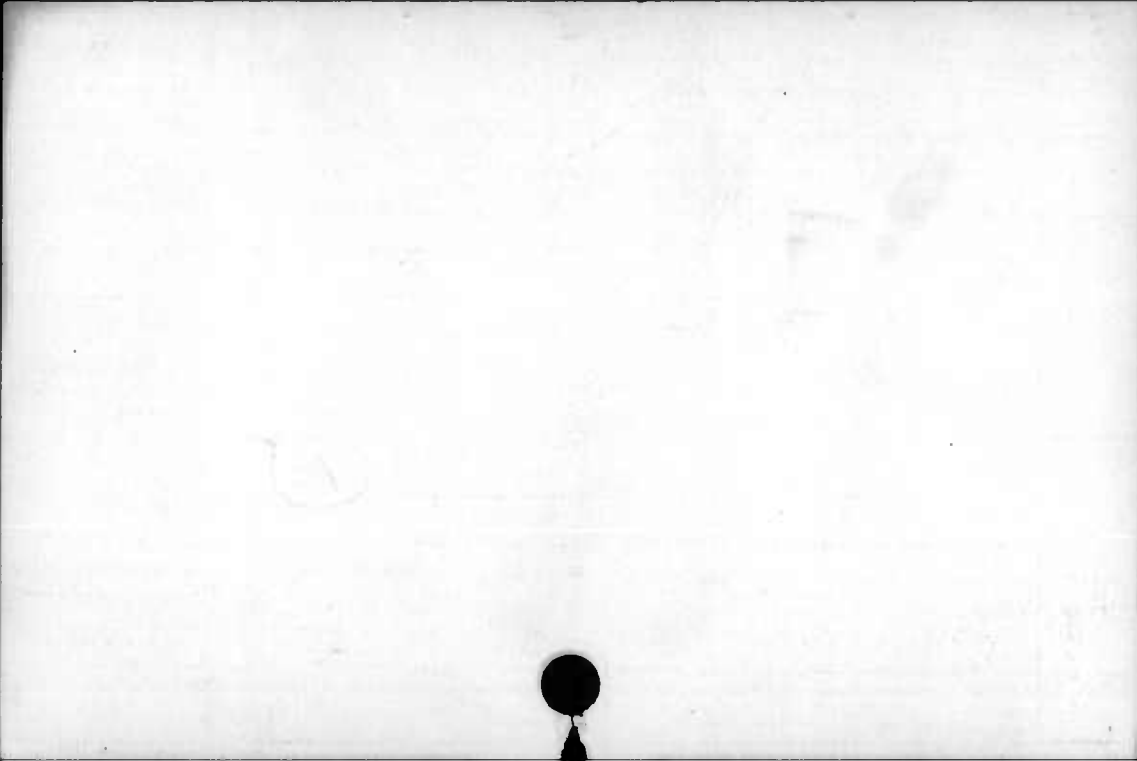
Died at *Worcester* ^{Town} *Worcester* ^{County}Date of death *1908* ^{Month} *June* ^{Day} *24* ^{Years} *88* ^{Months} *4* ^{Days} *10*Sex *Male* Color or Race *White* Birth-place *Va.*Occupation *Farmer* Where Residing if not at place of death *-*Married, Single or Widowed *Married* Name of Wife or Husband *Annie Hudson*Father's Name *William Taylor* Father's Birthplace *Va.*Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*Name of person giving information *Thomas Taylor* How related to deceased *Son*

CAUSES OF DEATH

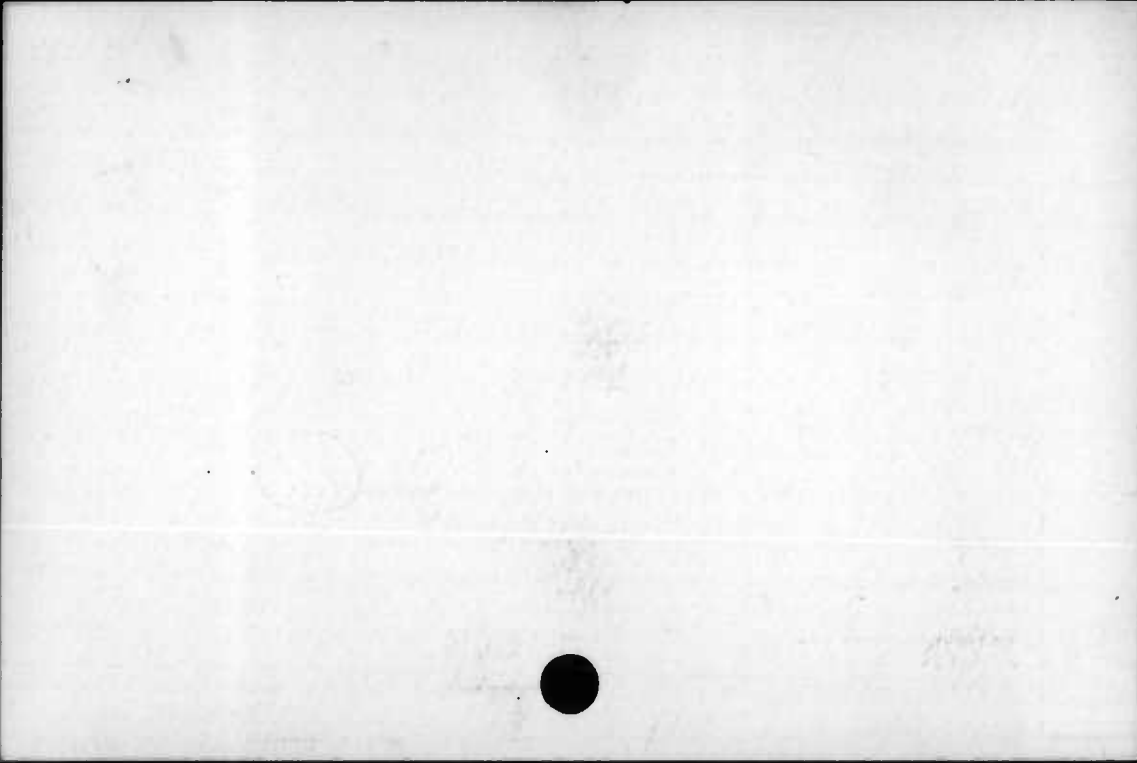
93

Primary *Lobar Pneumonia* How long *10 Weeks*Immediate *Exhaustion* How long *5 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *John D. Dickerson*Address *Worcester Mass. Worcester Co.*

Accident or Suicide?



Name in Full		Kali Townsend				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Syngersent		County Wor		MARYLAND	
	Date of death	1908	Month 6	Day 16	Age 40	Years —	Months —
	Sex	Female		Color or Race	white		Birth-place
	Occupation	book		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	E. Townsend			Father's Birthplace	Md	
	Mother's Maiden Name	Hester Townsend			Mother's Birthplace	Md	
	Name of person giving information	J. W. Burbage			How related to deceased	None	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <div>Primary</div> <div>Tubercular</div> <div>Immediate</div> <div>Are the name, age, sex, color, date and place correctly given above?</div> <div>Accident or Suicide?</div> </div> <div> <div>Yes</div> <div>Signature of Physician</div> <div>Address</div> </div> <div> <div>(27)</div> <div>How long</div> <div>14 years</div> <div>C. V. Drickman</div> <div>Berlin Md</div> </div> </div>							



Name
in
Full

Levin Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Quepuno</i> ^{Town}		<i>Winchester</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>June</i>	Day	<i>28</i>
Age		Years		Months	Days
<i>36</i>		<i>—</i>		<i>—</i>	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>		
Birthplace	<i>Maryland</i>				
Occupation	<i>Carpenter</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Lupia Jane Richardsm</i>		
Father's Name	<i>Isaac Townsend</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Phalot Schoppfield</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Charles C. Timmings</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 years</i>
Immediate	<i>Asphyxia</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Osiah Tyndall</i>	
		Address	
		<i>Berlin</i>	
Accident or Suicide?			

7



Name
In
Full

Henrietta Ann C. Hagstaff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke</i>		Town		<i>Wicomico</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>19th</i>		Age <i>79</i>		Months <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>N. Y.</i>					
Occupation <i>None</i>				Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Thos Henry Hagstaff</i>							
Father's Name <i>Henry Groshen</i>				Father's Birthplace <i>N. Y.</i>					
Mother's Maiden Name <i>Franca White</i>				Mother's Birthplace <i>N. Y.</i>					
Name of person giving information <i>Alice W. Myers</i>				How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>		How long <i>3 yrs</i>	
Immediate <i>Exhaustion</i>		How long <i>3 m</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Wilson</i>	
		Address <i>Pocomoke City</i>	
Accident or Suicide? <i>✓</i>			

Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

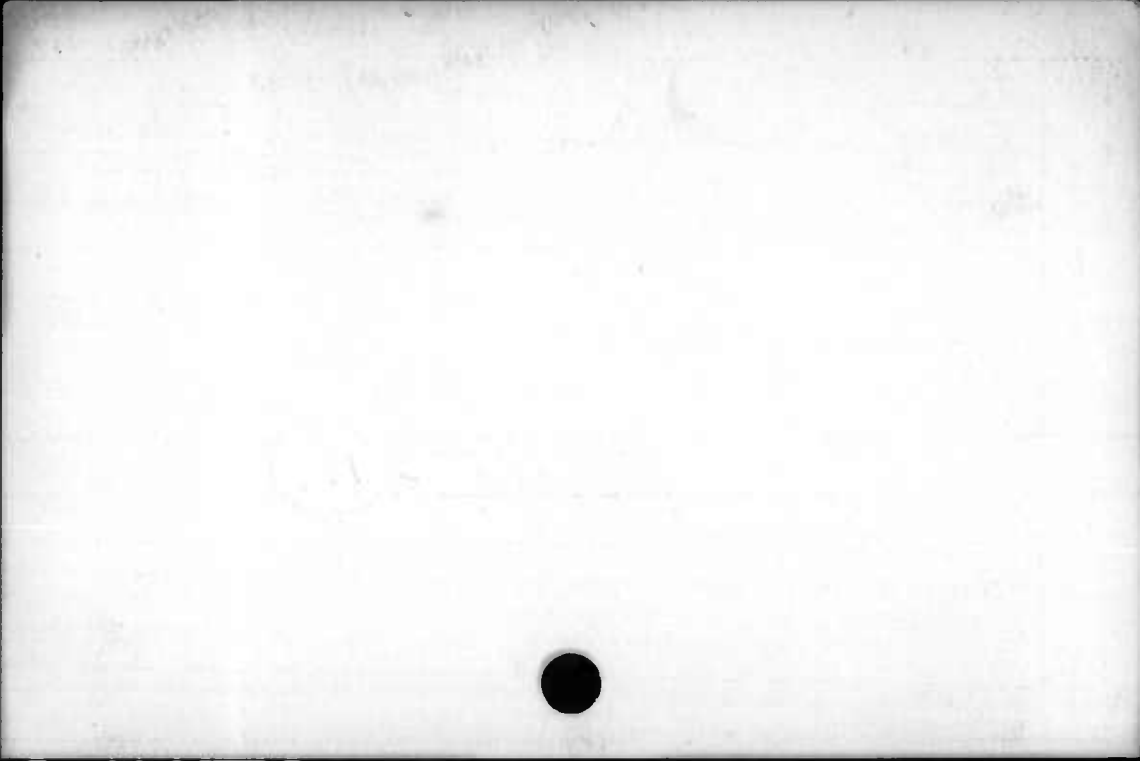
Died at <u>Stockton</u> ^{Town}		<u>Ward</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>14</u>	Age <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death <u>Ind</u>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Chas C Ward</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Lula M Sharpley</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Chas C Ward</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Heart failure</u>	How long <u>at once</u>
Immediate <u>yes</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician
<u>Wm O Payne Jr</u>	Address <u>Stockton Ind</u>
Accident or Suicide?	



Name
in
Full

Rollie M Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Boziron</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>1st</i>	Age <i>19</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Blk</i>		Birth-place <i>Md</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Waters</i>			
Father's Name <i>Samuel Blake</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Betsy Johnson</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Samuel Blake</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 mo</i>
Immediate <i>Heart disease</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Paul Jones</i>
	Address <i>Snodgrass Md</i>
Accident or Suicide?	



Name
in
Full

Edward C. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Pocomoke City</i>		Town <i>Pocomoke</i>		County <i>Worcester</i>	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>9</i>	Age <i>15</i>	Years <i>10</i>	Months <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pocomoke City</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>A. F. White</i>		Father's Birthplace <i>Pocomac Co. Md.</i>			
Mother's Maiden Name <i>Emily Kelley</i>		Mother's Birthplace <i>Annapolis Co. Md.</i>			
Name of person giving information <i>Emily K. White</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary <i>Thyphoid fever with relapse</i>	How long <i>6 weeks</i>
Immediate <i>Double Parotid abscess</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Indubious</i>	Signature of Physician <i>R. Reetha</i>
<i>From lungs which join to death</i>	Address <i>Pocomoke City, Md.</i>
Accident or Suicide?	

